Late-Onset Bipolar Patients Are Less Ill Overall

BY MARY ANN MOON  Contributing Writer

P eople who first develop bipolar af-

ter age 60 years or older are less ill overall than are those with the more typical pattern of ear-

ly-onset bipolar disorder, said Martha Sa-

jovic, M.D., of the University Hospitals of Cleveland, and her associates. The researchers used a large Veterans Af-

fairs (VA) database to compare differences

between early-onset and late-onset bipolar disorder in clinical presentation, use of health care services, and use of psy-

chotropic medications over a 2-year period.

They identified 16,310 patients aged 60

years or older with bipolar disorder who were treated in 2001. These patients represented nearly one-fourth of all pa-

tients with bipolar disorder in the VA system at that time. Those who had their diagnosis estab-

lished before 2001 were considered early-onset pa-

tients. Although late-onset bipolar disorder has not been

clearly defined, those whose first bipolar disor-

der diagnosis was made in 2001 and who were not diagnosed with psychosis or de-

pression before that time were considered late-onset illness (NOI).

The great majority of these older pa-

tients with bipolar disorder (82.5%) had early-onset disease, whereas only 6.1% had NOI. The remaining patients either were new to the VA or had a questionable diagnosis and were excluded from the study.

Given that this was a sample of older veterans, it was a predominantly male and white population. The percentages of fe-

male and African American subjects were quite low, at 9% and 6%, respectively; the investigators noted (Am. J. Geriatr.


Patients with early-onset bipolar disor-

der were hospitalized for about 15 days more often than those with NOI. They had a similar number of hospitalizations for depression, and a similar rate of home-

lessness and substance abuse. Those with early-onset bipolar disorder were more likely to be divorced or separated.

There was a substantial difference be-

tween the two groups in length of hospit-

al stay. Total length of stay averaged 99.7
days for patients with early-onset bipolar disorder, compared with 43.5 days for those with NOI. The me-

dian duration of inpatient stay was 22 days for the early-

onset bipolar disorder group, compared with 16 days for the NOI group.

Patients with e a r l y - o n s et bipolar disorder also utilized other health care services to a much greater degree than did those with NOI. In particular, they showed “substantial utilization of in-

patient psychosomatic care,” the re-

searchers noted.

Those with early-onset bipolar disorder also were much more likely to be treated with lithium or any mood stabilizer than were patients with NOI. Those with ear-

ly-onset bipolar disorder also were much more likely to receive an atypical antipsychotic com-

pound.

Thus, older individuals with early-onset bipolar disorder appear to be generally more severely ill than their late-onset counterparts, Dr. Sajovic and her associ-

ates said.

These findings suggest that “these are indeed two separate subgroups of older adults with bipolar disorder,” they said. In this study, patients with NOI were nearly twice as likely to receive a diagnosis of “type II/ not otherwise specified bipolar illness.” This increased prevalence might be explained by age-related vas-

cular and CNS pathology in such patients, the investigators said.

They also noted that in this study, few-

er than two-thirds of the patients with early-

onset bipolar disorder—and just 80% of those with NOI—were receiving mood stabilizers, which “is at odds with current treatment guidelines for bipolar disorder in adult patients,” they noted.

It may be that treatments “known to be efficacious and well tolerated in younger bipolar populations” do not work as well in geriatric bipolar patients. In older patients, “first-line treatments have not been definitively established,” Dr. Sa-

jovic and her associates said.